2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 FEB 23 AM 10: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001348

1. Entity Name
LIBERTY MAGUIRE, LLLP

Principal Place of Business
310 WEST CENTRAL PKWY., STE. 7000
ALTAMONTE SPRINGS, FL 32714

Mailing Address
310 WEST CENTRAL PKWY., STE. 7000
ALTAMONTE SPRINGS, FL 32714

02032005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-1981538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIKKELSON, WM. MICHAEL
310 WEST CENTRAL PKWY., STE. 7000
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $10,311.15

10. Amount of Capital Contributions in FLORIDA to date. 352,735.86

526.25

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	MIKKELSON, WM. MICHAEL 310 WEST CENTRAL PKWY., STE. 7000 ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	800047133528 02/23/05--01022--022 **526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Wm. Michael Mikkelson — 2/8/5 — 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #